

**Californian Department of Veterans Affairs
Homeless Veterans Outreach
2009 Grant Application Package**

The California Department of Veterans Affairs (CDVA) has limited funds available each year to support homeless veterans outreach efforts.

How to Apply:

- Complete the attached application form.
- Attach a complete description of the event.
- Attach a completed, signed Payee Data Record.
- Submit by mail, fax or e-mail (electronic submissions must be followed by a signed hard copy) to the point of contact listed below.

How Much will Each Organization Receive?

- Each applicant will be awarded a pro rata share of the available funds based upon:
 - Number of applications received.
 - Number of days events are held.

Application Due Date: ***March 31, 2009***

Total Amount to be Distributed: \$1,000 grant for each day services are provided up to a maximum of \$4,000

Allowable Expenditures: At the present time, state accounting procedures do not allow CDVA to fund expenditures for food items or food services. Applicants should request funding for:

- Goods such as clothing items, toiletries, personal hygiene items, sleeping bags, backpacks, etc.
- Services such as utilities, sanitation, communications, advertising, etc.

How will I know how much we were awarded? Awardees will receive a purchase order form from CDVA identifying the grant award amount along with a purchase order number to be used on the invoice.

How will funds be disbursed?

- Awardees must make their purchases in advance.
- Awardees must send the CDVA a signed invoice typed on their official letterhead that shows the name, address, and phone number of the organization being paid detailing the following information:
 - CDVA purchase order number
 - Items or services purchased
 - Amounts spent for said items or services
 - Copy of receipts for said items or services

Note: funds cannot be disbursed in advance of the actual purchase.
- The CDVA will authorize the State Controllers Office to disburse funds for the total amount listed on the invoice up to a maximum of the grant award amount identified on the CDVA purchase order.

How much time does it take to get our check?

- Funds will be disbursed approximately 8 to 10 weeks after the invoice is submitted.

Are there any other requirements? In order to justify the continued expenditure of these funds, we are asking each grantee to submit an After Action Report including information on the services provided and number of Veterans served and placed into housing. Additionally, we are asking that you request that every veteran complete a Veteran Reintegration Project information form and all these forms be turned in with your After Action Report. Both forms are attached.

CDVA Point of Contact:

Angelica S. Duran
California Department of Veterans Affairs
Veterans Services Division
1227 O Street, Ste 105
Sacramento, CA 95814
Phone: 916-503-8309
Fax: 916-653-2563
E-mail: Angelica.Duran@ cdva.ca.gov

HONORING CALIFORNIA'S VETERANS

**Californian Department of Veterans Affairs
Homeless Veteran Outreach
2009 Grant Application**

Applicant's Information:

Sponsoring Organization	
Point of Contact	
Title or Position	
Mailing Address	
Phone Number	
Fax Number	
E-mail Address	
Organization's Website address	

Event Information:

Name of Event			
Type of Event	<input type="checkbox"/> Stand down	<input type="checkbox"/> Other _____	
Number of Days	<input type="checkbox"/> One Day	<input type="checkbox"/> Two Days	<input type="checkbox"/> Three Days <input type="checkbox"/> Four Days
Date(s)			
Hours of operation			
Location (including street address)			
Estimated Number of Veteran Participants			
Goods (non-food) or services to be funded by the grant:			

Item	Estimated Cost
Total Cost	

Required Attachments:

- Complete Description of Event – What do you plan to do, how do you plan to accomplish it, what agencies/service providers will be present, what type of services will they provide, how many veterans are expected to attend?
- Completed Payee Data Record (Std 204)
- After Action Report

Authorized Signature: _____

Date: _____

Due to CDVA no later than March 31, 2009
HONORING CALIFORNIA'S VETERANS

1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.																										
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) <hr/> SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) <hr/> E-MAIL ADDRESS <hr/> MAILING ADDRESS <hr/> BUSINESS ADDRESS <hr/> CITY, STATE, ZIP CODE <hr/> CITY, STATE, ZIP CODE <hr/>																										
3	PAYEE ENTITY TYPE CHECK ONE BOX ONLY	ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): <table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR ENTER SOCIAL SECURITY NUMBER: <table border="1"><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></tr></table> <small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS				-												-			-						NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
			-																								
			-			-																					
4	PAYEE RESIDENCY STATUS <input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached.																										
5	I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below. AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <hr/> TITLE <hr/> SIGNATURE <hr/> DATE <hr/> TELEPHONE <hr/>																										
6	Please return completed form to: Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: (____) _____ Fax: (____) _____ E-mail Address: _____																										

HONORING CALIFORNIA'S VETERANS

PAYEE DATA RECORD

STD. 204 (Rev. 6-2003) (REVERSE)

1	<p><u>Requirement to Complete Payee Data Record, STD. 204</u></p> <p>A completed Payee Data Record, STD. 204, is required for payments to all non-governmental entities and will be kept on file at each State agency. Since each State agency with which you do business must have a separate STD. 204 on file, it is possible for a payee to receive this form from various State agencies.</p> <p>Payees who do not wish to complete the STD. 204 may elect to not do business with the State. If the payee does not complete the STD. 204 and the required payee data is not otherwise provided, payment may be reduced for federal backup withholding and nonresident State income tax withholding. Amounts reported on Information Returns (1099) are in accordance with the Internal revenue Code and the California Revenue and Taxation Code.</p>
2	<p>Enter the payee's legal business name. Sole proprietorships must also include the owner's full name. An individual must list his/her full name. The mailing address should be the address at which the payee chooses to receive correspondence. Do not enter payment address or lock box information here.</p>
3	<p>Check the box that corresponds to the payee business type. Check only one box. Corporations must check the box that identifies the type of corporation. The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State provide their Taxpayer Identification Number (TIN). The TIN is required by the California Revenue and Taxation Code Section 18646 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the Internal Revenue Code Section 6109(a).</p> <p>The TIN for individuals and sole proprietorships is the Social Security Number (SSN). Only partnerships, estates, trusts, and corporations will enter their Federal Employer Identification Number (FEIN).</p>
4	<p><u>Are you a California resident or nonresident?</u></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for State income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below: Withholding Services and Compliance Section: 1-888-792-4900 E-mail address: wscs.gen@ftb.ca.gov For hearing impaired with TDD, call: 1-800-822-6268 Website: www.ftb.ca.gov</p>
5	<p>Provide the name, title, signature, and telephone number of the individual completing this form. Provide the date the form was completed.</p>
6	<p>This section must be completed by the State agency requesting the STD. 204.</p>
	<p><u>Privacy Statement</u></p> <p>Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.</p> <p>It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and State law imposes noncompliance penalties of up to \$20,000.</p> <p>You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the State agency(ies) with which you transact that business.</p> <p>All questions should be referred to the requesting State agency listed on the bottom front of this form.</p>

HONORING CALIFORNIA'S VETERANS

2009 SAMPLE STAND DOWN AFTER ACTION REPORT

(Please print or type legibly)

1. City/State of Stand Down _____
2. Is this the organization's first Stand Down? Yes _____ No _____
3. What was the date of the Stand Down? _____
4. How many days did the event take place? One Two Three Other _____ (Specify)
- 4a. If more than a one-day event, were sleeping arrangements provided? Yes No
5. Was the Stand Down held indoors or outdoors? Indoors _____ Outdoors _____ Both _____
6. Were the following services provided?

Services Provided	Number of Veterans Receiving Service
Placed in Shelter, Transitional or Permanent Housing	
Registered with Veterans Administration	
Number of Claims Filed	
Veterans Benefit Counseling	
Social Security Benefit Counseling	
Agent Orange Info/Counseling	
Hepatitis C Screening/Testing	
HIV/AIDS Info/Counseling	
Mental Health Services	
Substance Abuse Services	
Social and Community Services	
Employment and Job Training Assistance	
Legal Services	
Other _____	
Women Veterans specific	
Veterans Spouses/Companions	
Personal Care Kits	
Clothing (Cold weather, Underwear, or Boots)	
Food (Lunch/Dinner/Snacks/Drinks)	
Other (Specify) _____	

7. How many persons attended the Stand Down? _____
Male Homeless Veterans: _____ Female Homeless Veterans: _____
 8. Were transportation services available to help veterans get to the Stand Down? Yes No
 9. How much was the total Stand Down cash budget (not counting in-kind contributions)?

Less than \$5,000	\$5,001 to \$7,500	\$7,501 to \$10,000
\$10,001 to \$15,000	\$15,001 to \$20,000	\$20,001 to \$25,001
\$25,001 to \$30,000	\$30,001 to \$35,000	Over \$35,001

Was any of the above cash budget received from Department of Veterans Affairs? Yes No
 10. What monetary valuation would you put on the in-kind contribution of goods and services?

Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$100,000
\$100,001 to \$250,000	\$250,001 to \$500,000	\$500,001 to \$750,000
Over \$750,000		
 11. How many volunteers participated? _____
- Name of person filing this report: _____
- Address: _____ Phone: _____
- Signature: _____ Date: _____

HONORING CALIFORNIA'S VETERANS



Veteran Information Questionnaire

First Name											MI											Last																						
Mailing Address after Separation															City										State										Zip Code									
Email																																												
Branch of Srvc					Telephone					()		-		Date of Discharge										/		/														
										()																														

My concerns/priorities include:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> State Benefits | <input type="checkbox"/> Education | <input type="checkbox"/> Employment | <input type="checkbox"/> CalVet Home Loans |
| <input type="checkbox"/> TBI/PTSD | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation | <input type="checkbox"/> Women Veterans Roster |
| <input type="checkbox"/> Disabled Veterans Business Enterprise | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Compensation & Pension Benefits | |
| <input type="checkbox"/> Veterans License Plate Program | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> College Fee Waiver for Dependents | |

I request and authorize release of the above information to the California Department of Veterans Affairs and the Employment Development Department. I certify that this request has been made freely, voluntarily, and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand this information shall be used solely for outreach and to assist me receive my veteran benefits and shall not be subject to public disclosure.

NOTE: Out of state veterans information will be forwarded to their State's Department of Veteran's Affairs.

Signature of Veteran: _____

Send completed form to California Department Veterans Affairs, ATTN: Veterans Services

Date: / /

Mail To: VETERANS SERVICES DIVISION 1227 O Street, Room 105,
Sacramento, CA 95814

OR FAX: (916) 853-2563



State of California Veteran Reintegration Project



Veteran Information Questionnaire

First Name	MI	Last		
Mailing Address after Separation	City	State	Zip Code	
Email				
Branch of Svc	Telephone () -	Date of Discharge / /		

My concerns/priorities include:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> State Benefits | <input type="checkbox"/> Education | <input type="checkbox"/> Employment | <input type="checkbox"/> CalVet Home Loans |
| <input type="checkbox"/> TB/PTSD | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation | <input type="checkbox"/> Women Veterans Roster |
| <input type="checkbox"/> Disabled Veterans Business Enterprise | <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Compensation & Pension Benefits | |
| <input type="checkbox"/> Veterans License Plate Program | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> College Fee Waiver for Dependents | |

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Signature of Veteran: _____
Send completed form to California Department Veterans Affairs, ATTN: Veterans Services

Date: | | / | / |

Mail To: VETERANS SERVICES DIVISION 1227 O Street, Room 105,
Sacramento, CA 95814

OR FAX: (916) 853-2583

HONORING CALIFORNIA'S VETERANS